Health Home Learning Collaborative

Quality Improvement: Back to Basics

September 16, 2019

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.

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This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Health Home Updates……………………………….......................Pam Lester, IME
3. Quality Improvement……………….......................Emma Badgley/ Martha Boese AGP
4. Open Discussion……………………………………………………All

(Open discussion on current issues or barriers, potentially leading to future monthly topics)

    Coming up:
- *October 28, 2019 In Person Training*
- *November 18, 2019 Health Home 2020 Part 1*
- *December 16, 2019 Health Home 2020 Part 2*

Health Home Updates

- Enrollment 1437

Objectives

- Realize the difference between quality assurance (QA) and quality improvement (QI)
- See real-world examples of improvement work
- Understand what QI is and why we use it
- Learn the QI process and Model for Improvement
- Set Specific, Measurable, Attainable, Realistic, Time-Based (SMART) goals

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QA and QI: What's the Difference?

QA	QI
Assess when intended quality is reached	Move system from <u>current</u> state to <u>new</u> state of performance
Reactive – works on problems after they occur	Proactive – works on processes before problems occur
Retrospective – policing, punitive	Prospective and retrospective

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QA and QI, cont.

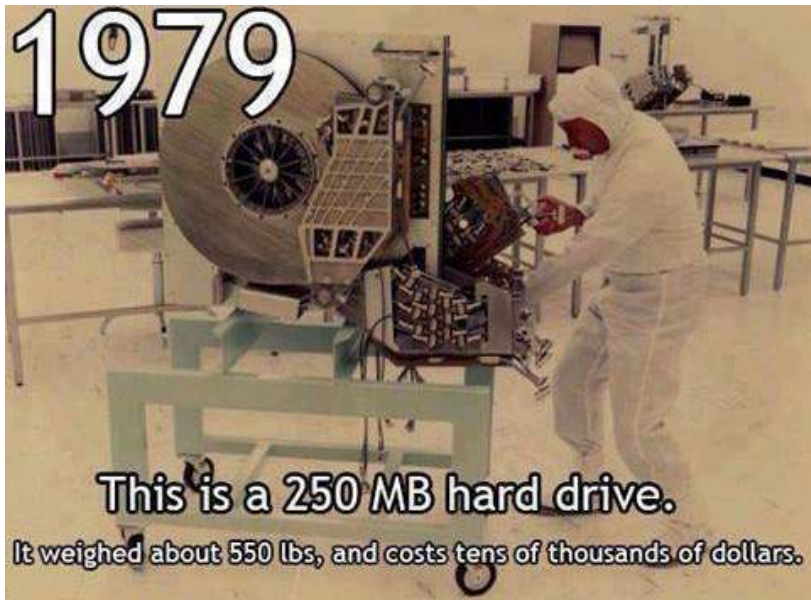| QA	QI
Lead by management	Lead by staff, self-determined
One point in time	Continuous
Regulatory	Aimed at improvement-measuring where you are and how to make things better
Attributes blame	Avoids attributing blame

"Problems are opportunities in disguise."

Improvement — what was/what is
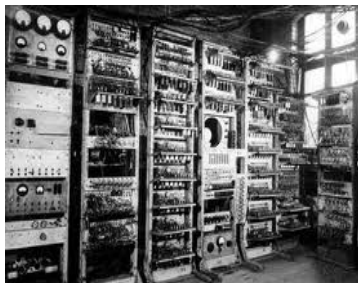
QI: Then and Now

"Failure is just succeeding at learning what doesn't work!"

QI: What?

What is it?

- A formal approach
- Focus on systems
- Ideas/changes from customers & front line staff
- Frequent ongoing measurement
- Uses data driven decision making
- Never ending process

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QI: Why?

Why do it?

- Increases customer satisfaction, efficient use of resources, measurable outcomes, community impact
- Organizational viability and competitiveness
- Demanded by market

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The QI process

1. Team selection
2. Assessment
3. Aim statement
4. Appropriate tools (process mapping, Fishbone Diagram, brainstorming)
5. Action plan using SMART goals
6. Plan-Do-Study-Act (PDSA) 1, 2, 3, etc. (select outcomes measurement)
7. Standardize and spread

Selecting your improvement team

Establish the improvement team

- Consider roles that are involved in the process you are trying to improve.

- Ensure all pertinent roles are represented.

Assessment

- What data do you need to understand the issue fully?
  - Observations
  - Data collection
  - Data analysis
  - Staff interviews
- Start with assumptions/gut feelings but then back them up with data.
- Avoid jumping to a diagnosis until you have all the information.

Baseline data and goals

Measure	Target	GAP	Baseline
A1c Doc.	90 %		70%
A1c >9.0%	5 %		65%
LDL Doc.	90 %		66 %
LDL <100 mg/dl.	70 %		40 %
Queried about tobacco use	80 %		60%
Tobacco cessation intervention	80 %		25%

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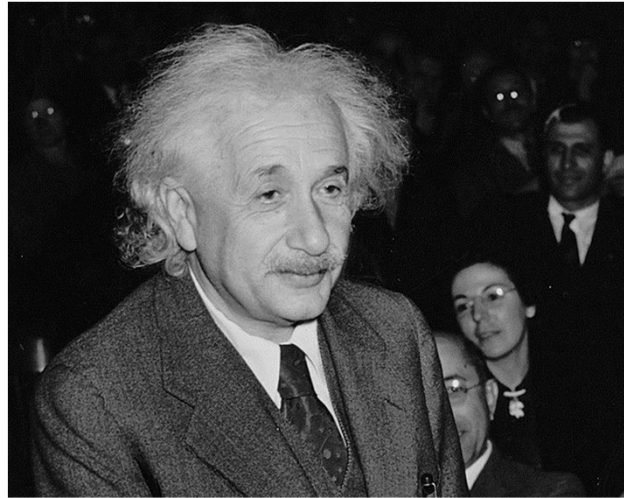
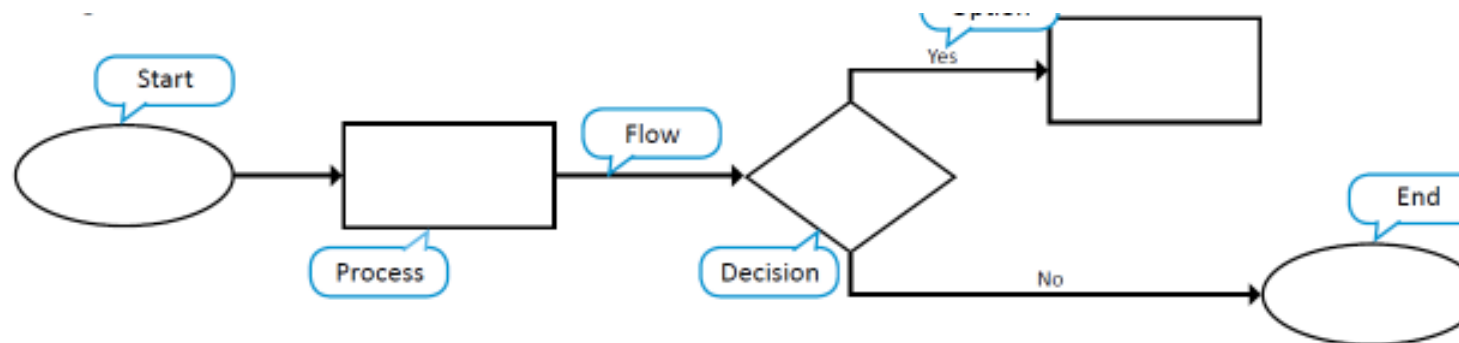*"If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and five minutes thinking about the solutions."*

— Albert Einstein
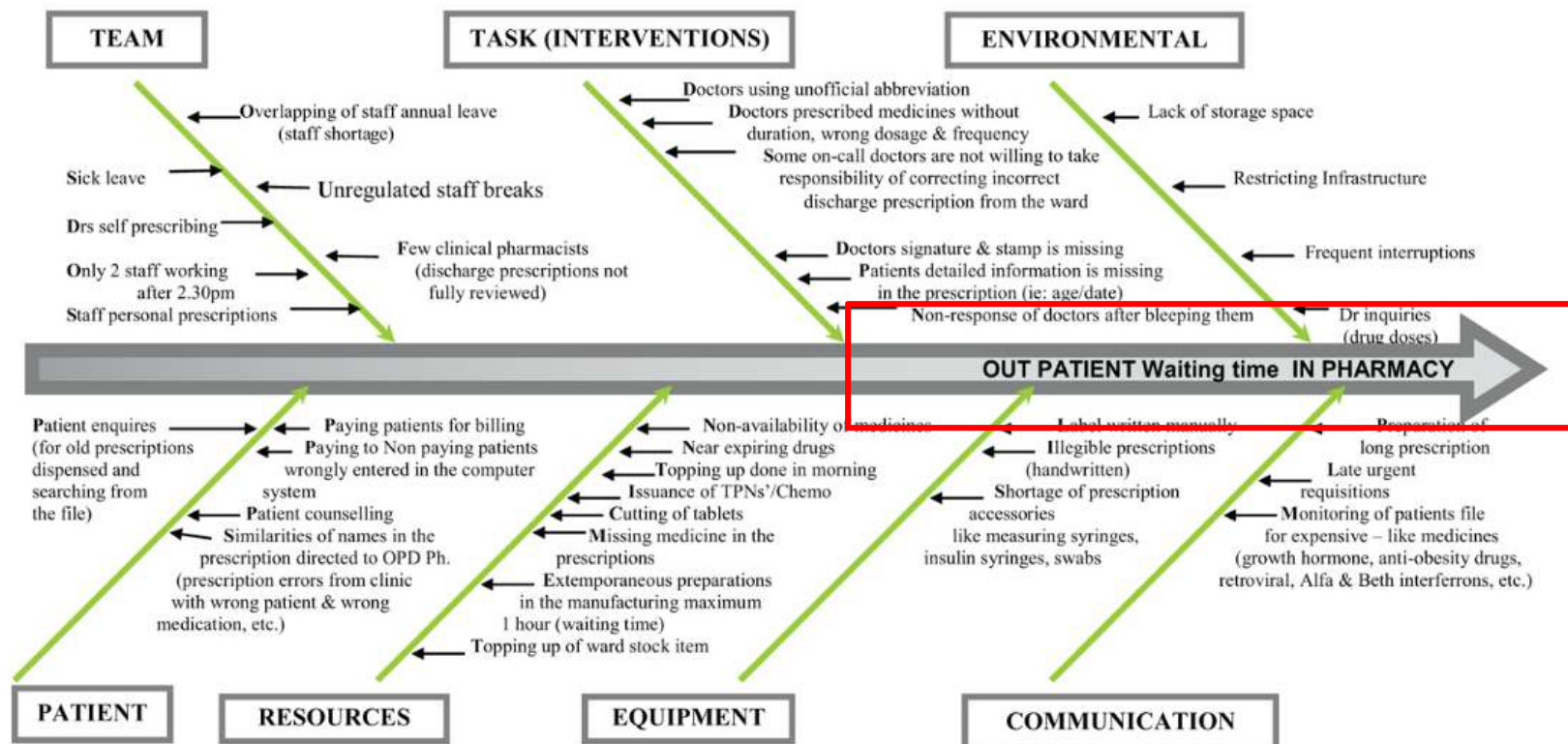
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Improvement Tools: Process Mapping

- Map the current process:
  - Create a process flow diagram to map the current process.
  - Be patient, this takes time!
  - Process mapping is messy.
  - It will help identify "tangles" in the system.

Improvement tools: Cause and Effect

TEAM
- Overlapping of staff annual leave (staff shortage)
- Sick leave
- Unregulated staff breaks
- Drs self prescribing
- Only 2 staff working after 2.30pm
- Staff personal prescriptions
- Few clinical pharmacists (discharge prescriptions not fully reviewed)

TASK (INTERVENTIONS)
- Doctors using unofficial abbreviation
- Doctors prescribed medicines without duration, wrong dosage & frequency
- Some on-call doctors are not willing to take responsibility of correcting incorrect discharge prescription from the ward
- Doctors signature & stamp is missing
- Patients detailed information is missing in the prescription (ie: age/date)
- Non-response of doctors after bleeping them

ENVIRONMENTAL
- Lack of storage space
- Restricting Infrastructure
- Frequent interruptions
- Dr inquiries (drug doses)

OUT PATIENT Waiting time IN PHARMACY

PATIENT
- Patient enquires (for old prescriptions dispensed and searching from the file)

RESOURCES
- Paying patients for billing
- Paying to Non paying patients wrongly entered in the computer system
- Patient counselling
- Similarities of names in the prescription directed to OPD Ph. (prescription errors from clinic with wrong patient & wrong medication, etc.)

EQUIPMENT
- Non-availability of medicines
- Near expiring drugs
- Topping up done in morning
- Issuance of TPNs'/Chemo
- Cutting of tablets
- Missing medicine in the prescriptions
- Extemporaneous preparations in the manufacturing maximum 1 hour (waiting time)
- Topping up of ward stock item

COMMUNICATION
- Label written manually
- Illegible prescriptions (handwritten)
- Shortage of prescription accessories like measuring syringes, insulin syringes, swabs
- Preparation of long prescription
- Late urgent requisitions
- Monitoring of patients file for expensive – like medicines (growth hormone, anti-obesity drugs, retroviral, Alfa & Beth interferrons, etc.)

Improvement Tools:
Brainstorming

- Get everyone in the game.

- No judgment!

- Vote on the first solution/intervention to test or work to build to consensus.

Aim Statement

- Create an aim statement to guide your work.

- Aim statements include **start** and **end** points, what measures included and why they are important.

We aim to improve _____. The process begins with _____, and ends with _____. By working on this we expect to improve _____.

Example Aim Statement

- **We aim** to standardize and improve diabetes management in practice ABC by October 2016.
- **The process begins with** identifying diabetic patients **and ends with** reviewing the population report by the 15th of each month to meet national diabetes targets.
- **By working on this process, we expect:**
  1. Standardize the delivery of diabetes care.
  2. Follow up on patients needing coordination of care and referral.
  3. Improve continuity of care.

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Example Aim Statement (cont.)

It is important to work on this now because:

1. There is no current system for identifying diabetic patients.
2. Allotted time for patients and providers will improve.
3. The practice will establish a framework for addressing continuity of care.
4. We will help provide better outcomes for our diabetic patients by helping them manage their condition.

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Write an Action Plan: Set S.M.A.R.T. Goals.

Specific	• What? Where? How?
Measurable	• How much? How many? How often?
Assignable	• Who?
Realistic	• Feasible?
Time – based	• When?

Model for Improvement

Part 1 — defining measures

1. Aim — What are we trying to accomplish?

2. Measures — How will we know that a change is an improvement?

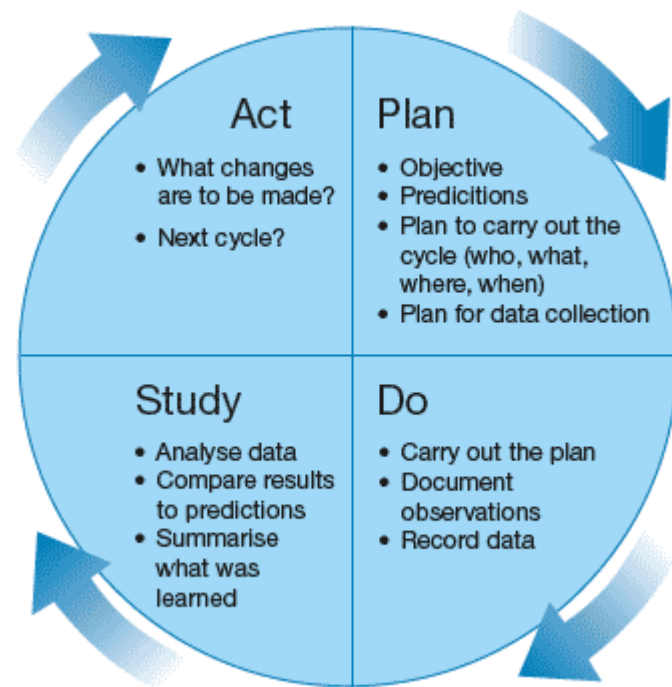3. Changes — What changes can we make that will result in improvement (hypothesis)?

Model for Improvement

Part 2 — Testing a plan

- Why test an idea for change before implementing it?
  - It involves less time, money and risk.
  - It is a powerful learning tool.
  - Failed tests are learning opportunities.
  - It is safer and less disruptive for patients and staff.
  - Gets staff buy-in, because people involved in testing and developing the ideas are less resistant to the change.

PDSA: The Cycle of Learning and Improvement

- Design your PDSA cycle.

- Consider additional measures at this part of the process.

- What data will show leadership that you have made an improvement (or not)?

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective
- Predicitions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Analyse data
- Compare results to predictions
- Summarise what was learned

Do
- Carry out the plan
- Document observations
- Record data

PDSA: The Cycle of Learning and Improvement (cont.)

- Conduct as many PDSA cycles as needed.
- Employ additional interventions from your brainstorm.
- Continue to collect and review the data.
- Consider staff satisfaction with process.

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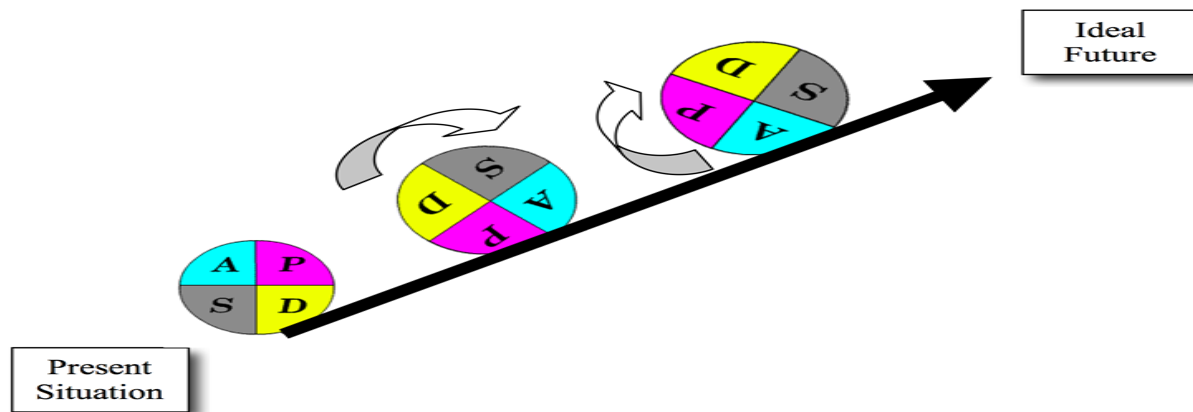
Standardize and sustain/spread

- Communicate results.
- Assign a process owner.
- Continue to track data.

Questions?

Open Discussion

Thank you!